

NATIONAL MUSEUM OF THE MARINE CORPS
PERMISSION SLIP

As the parent/legal guardian, I hereby give permission for my child, _____, to attend the field trip at the National Museum of the Marine Corps at 18900 Jefferson Davis Highway in Triangle, Virginia with the St. Francis of Assisi Youth Ministry Program. On Saturday, January 27, 2018, participants will meet at the museum at 2:00pm and disperse at 5:00pm.

I understand and acknowledge that participation in any activity may involve inherent risks of injury to my child. I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities, including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his/her participation in the activity.

I further give my consent that, in my absence, the above-named minor may be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above-named minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

The following information must be filled out completely.

Printed Name of Parent/Legal Guardian

Address

City/State/Zip

Home Phone

Work Phone

Mobile Phone

Signature of Parent/Legal Guardian

Date